STATE OF SOUTH DAKOTA INV	Mail to: Office of Accident Records, 118 W. Capitol		
VEHICLE TRAFFIC ACC	Ave., Pierre, SD 57501 TraCS ID: 153366-099	TraCS Sequence: 1902050021	
Form DPS - AR1 12/12/2014	Form DPS - AR1 12/12/2014		
Is this only a Wild Animal Hit Report?	Agency Name SD HIGHWAY PATROL	Date of Accident 02/01/2019	Time of Accident 18:55 Hrs.
Reporting Officer Last Name SIEVE	Reporting Officer First Name LUCAS	Reporting Officer Middle Name	Reporting Officer # 099-153366

	Location Descrip	tion ON I 90 E	0.22 MILES	WEST OF I 90 E1				
	Latitude 43.605644			Longitude -96.701745				
-	County 50	County Name	50 -	City or Rural 1225	-	Roadway Surface		
	County 30	MINNEHAHA		Sioux Falls		Condition 03 - Snow		
0	On Pond Stroot	or Highway I (Roadway Surface Type 01 -					
A	On Road, Street, or Highway I 90 E					Concrete		
	At Intersection w			Roadway Align/Grade 01 - Straight				
T	At Intersection w	1011			and level			
O	Distance 0.4567	Units Miles/	Direction	MRM	Relati	on to Junction 05 -		
N	Distance 0.4307	Tenths	of East	(milepost) 399.56	Intersection related			
	Distance	Units	Direction	Distance	IInite	Direction of		
	Distance	Omo	and	Distance	Uints	Direction of		
	Junction or Intersecting Street			Name of Junction, Road, Street, or Highway				

	Unit Type 01 - M	otor vehicle in tra	ansport v	with driver		Hit and Run 02 - No	
	Driver's Name - Last HOPKINS First NI			ICHOLAS	Middle JE	ROME	
	Address 13 PLUM PL			Address (Lin	e 2)		
	City SCRANTON		State PA	Zip 18509	Date of Bir 02/25/195	ISev 1 - Male	
				Non - Motori	st Location	96 - Not Applicable	
	Phone 5708801195 DL State PA DL Class A			Non - Motori	st Action 96	6 - Not Applicable	
	DL Status 01 - No	ormal within rest	rictions	Non - Motori	st Contribut	ing Circumstances (Up to	
	Driver Contributing Circumstances (Up to			Two) 96 - N	ot Applicab	le	
	Two) 01 - Failed to yield to vehicle			Drug Use	D	rug Test	
		g Circumstance 0	1 -	00 - None u	ised C	02 - Test not given	
	Weather conditio	n		Alcohol Use	l l	lcohol Test	
				00 - None u		1 - Test not given	
	Injury Status 05 - No injury			Ejection 00	- Not ejecte	ed .	
l	Saftey Equipment 03 - Lap belt and			Citation Char	rne? 01 - V e	1 8	
	shoulder harness used					ANE DRIVING	
	Seating Position 01 - Operator					LANE CHANGE	
	Air Bag Deployed UU - Not deployed			Citation #2			
ŀ	Transported To			Citation #3			
F	Source of Transport 00 - Not Transported			Citation #4			
νт Н	Is Driver the Owne		T		Treath property		
	Owner's Name - Last LLC First TE		EAM	Middle BI	ONDI		
mn	Address 248 EASTON TURNPIKE LAKE		Address (Line 2)				
	City ARIEL		State PA	Zip 18436	Red Tag A502086		
01	Year 2020	Year 2020 Make Kenworth Mode		T	VIN 1XKYDP9X2GJ115451		
	License Plate # A	G 48074	State PA	Year 2019	Estimated Travel Spec	Speed - How Estimated? 02 - Drive Statement	
	Speed Limit 65	Total Occupants		Damage Exte	nt 01 -	Vehicle Towed 02 - No	
ľ	Speed Linit 03	1		Minor Dama	ge	venicle rowed 02 - No	
	Damage Amount (V	ehicle and Content	ts) 200	Insurance Co. Name 21962 - PENNSYLVANIA INSURANCE COMPANY			
1	Insurance Policy #	40088			Effective Date 04/13 2018	Expiration Date 04/13 , 2019	
	Emergency Vehicle	Use? 02 - No		Vehicle Confi	guration 21	- Tractor/semi-trailer	
F	Trailer Type 01 - 9	Semi-trailer/doub	le/triple	Cargo Body T	`ype		
- 1	Direction of Travel Before Crash 03		T:1 T	P # Attached			
		Before Crash 03	to Power	Unit	State PA	Year 2019	
] -]]	Eastbound Initial Point of Impact 01 -	Most Damaged Area 01 -	to Power PT074A	Unit	State PA State	Year 2019	
] -]] [Eastbound Initial Point of Impact 01 -	Most Damaged Area 01 - Position 1	to Power PT074A Trailer 2 #	Unit 4			

Traffic Control Dev	rice Type 00 - No	controls	Vehicle Contr	ibuting Circur	nstance 00 - None
Vehicle Maneuver	01 - Straight ahe	ead	Road Contrib	uting Circums	tance 00 - None
First Event 25 - M	lotor vehicle in ti	ransport	Second Event	,	
Third Event			Fourth Event		
Most Harmful Ever	nt for this Vehicle	25 - Moto	or vehicle in t	transport	
? Does the accident involve one or more of the following:		Did the acci	ident result in	one or more of the	
 a truck having a GCWR of 10,001 or more pounds; OR a vehicle displaying a hazardous material placard; OR a vehicle designed to transport 9 or more people, including driver 		 a fatality; OR an injury requiring transportation for immediate medical attention; OR a vehicle was disabled requiring a towaway from the scene 			
Accident Involved V	Vehicle - Purpose		Carrier Name		
Street Address			Street Address (Line 2)		
City	State	Zip	US DOT # 98	GVWR	GCWR
Material Released?	Hazardous Material Content Code	Hazardio Class Cod	us Material le	Hazardous M	aterials Description

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	Distance	Units	Direction	Distance	IInite	Direction of		
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	Unit Type 01 - M	otor vehicle in tra	ansport v	with driver		Hit and Run 02 - No	
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	Address 13 PLUM PL			Address (Lin	e 2)		
	City SCRANTON		State PA	Zip 18509	Date of Bir 02/25/195	ISev 1 - Male	
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	DL Status 01 - No	ormal within rest	rictions	Non - Motori	st Contribut	ing Circumstances (Up to	
	Driver Contributing Circumstances (Up to			Two) 96 - N	ot Applicab	le	
	Two) 01 - Failed to yield to vehicle			Drug Use	D	rug Test	
		g Circumstance 0	1 -	00 - None u	ised C	02 - Test not given	
	Weather conditio	n		Alcohol Use	l l	lcohol Test	
				00 - None u		1 - Test not given	
	Injury Status 05 - No injury			Ejection 00	- Not ejecte	ed .	
l	Saftey Equipment 03 - Lap belt and			Citation Char	rne? 01 - V e	1 8	
	shoulder harness used					ANE DRIVING	
	Seating Position 01 - Operator					LANE CHANGE	
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F	Source of Transport 00 - Not Transported			Citation #4			
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	City ARIEL		State PA	Zip 18436	Red Tag A502086		
01	Year 2020	Year 2020 Make Kenworth Mode		T	VIN 1XKYDP9X2GJ115451		
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Traffic Control Dev	rice Type 00 - No	controls	Vehicle Contr	ibuting Circur	nstance 00 - None
Vehicle Maneuver	01 - Straight ahe	ad	Road Contrib	uting Circums	tance 00 - None
First Event 25 - M	lotor vehicle in tr	ansport	Second Event	,	
Third Event			Fourth Event		
Most Harmful Ever	nt for this Vehicle	25 - Moto	or vehicle in t	transport	
? Does the acciden following:	t involve one or mo		Did the acc	ident result in	one or more of the
 a truck having a GCWR of 10,001 or more pounds; OR a vehicle displaying a hazardous material placard; OR a vehicle designed to transport 9 or more people, including driver 		 a fatality; OR an injury requiring transportation for immediate medical attention; OR a vehicle was disabled requiring a towaway from the scene 			
Accident Involved \	Vehicle - Purpose		Carrier Name		
Street Address			Street Addres	s (Line 2)	
City	State	Zip	US DOT # 98	GVWR	GCWR
Material Released?	Hazardous Material Content Code	Hazardio Class Cod	us Material le	Hazardous M	aterials Description

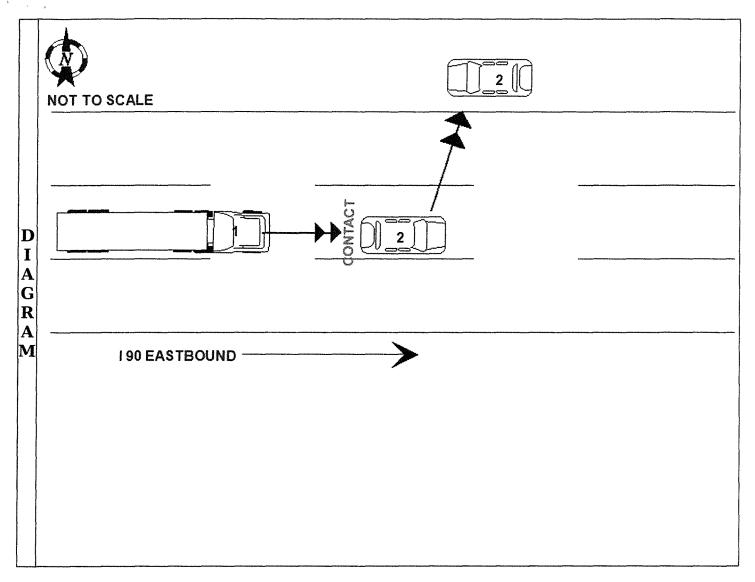
į	Unit Type 01 - Motor vehicle in transport wit Driver's Name - Last AGETON First T				Middle SU	Hit and Run 02 - No	
	Address 109 W AL	hinst 1	Address (Li		CANL		
	Address 105 W AL	III OIK	State		Date of Bir	+h	
	City BRANDON		SD	Zip 57005	11/03/196	Sov 2 - Homalo	
						n 96 - Not Applicable	
	Phone 605310263	3 DL State SD DL	Class 1			96 - Not Applicable	
	DL Status 01 - Nor	······	Non - Moto		uting Circumstances (Up		
	Driver Contributing Circumstances (Up to Tv			Two) 96 - 1	Not Applica	able	
	00 - None	от от того (ор	,	Drug Use	ž.	Drug Test	
	Vision Contributing	Circumstance 00 -	None	00 - None		02 - Test not given	
	Therein conversating of camerating of the			Alcohol Use	i	Alcohol Test	
				00 - None		91 - Test not given	
	Injury Status 05 - 1	Ejection 0 0	0 - Not ejec	cted			
	Saftey Equipment (
ł	harness used			<u> </u>	arge? 02 -	No	
-	Seating Position 01 - Operator			Citation #1			
1	Air Bag Deployed 00 - Not deployed			Citation #2			
	Transported To				Citation #3		
ŀ	Source of Transport 00 - Not Transported			Citation #4			
ŀ	Is Driver the Owner		T		Middle CITANIE		
Ļ	Owner's Name - Last AGETON First					ZANE	
ŕ	Address 109 W ALPINE CIR			Address (Li	ne 2)		
- 1	City BRANDON		State SD	Zip 57005	Red Tag A	502083	
- 1	Year 1999	Make Chevrolet - CHEV	Model CARLO		VIN 2G1W	W12M4X9202993	
2	License Plate # 1H	6794	State SD	Year 2019	Estimated Travel Spee	Speed - How Estimated? 05 - No Estimate	
	Speed Limit 65	Total Occupants 1		Damage Ex Minor Da m		Vehicle Towed 02 - No	
	Damaga Amount (Va	hicle and Contents)	2000	Insurance C	Co. Name 2	5151 - STATE FARM	
Ĺ	Damage Amount (ve	——————————————————————————————————————		GENERAL I		EE COMPANY	
	Insurance Policy #	098 2738 A20 41G				Expiration Date 07/ 9 20/2019	
	Emergency Vehicle (Jse?		Vehicle Con	figuration (01 - Passenger car	
ľ	Trailer Type 00 - N	o trailer/attachmei	/		Туре 00 -	No cargo body	
- 1	Direction of Travel Before Crash 03 - Eastbound		Trailer I Attached Unit		State	Year	
I	-	Most Damaged Area 08 - Position 8	Trailer : Plate #	2 License	State	Year	
l	Underride/Override	00 - No underride	Trailer 3	3 License	State	Year	
C	or override		Plate #		Juice	Ivui	
	Traffic Control Devic	e Type 00 - No con	trols	Vehicle Con	tributing Ci	rcumstance 00 - None umstance 00 - None Exhibit	
	Vehicle Maneuver 0	4 0 1 . 1		In 10 .	1		

First Event 25 - Mo	otor vehicle in tran	sport	Second Eve	ent 04 - Ra	n off road left	
Third Event			Fourth Eve	Fourth Event		
Most Harmful Event	for this Vehicle 25	- Motor	vehicle in	transport		
Does the accident involve one or more of the following:			Did the a	ccident resu	lt in one or more of the	
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Street Address			Street Address (Line 2)			
City	State	Zip	US DOT # 98	GVWR	GCWR	
Hazardous Material Released?	Hazardous Material Content Code	Hazardi Materia		Hazardous	Materials Description	

Work Zone Related? 02 - No	First Harmful Event? 25 - Motor vehicle in transport			
Workers Present?				
Work Zone 96 - Not Applicable	Location of First Harmful Event 01 - On roadway			
Work Zone Location 96 - Not	Trafficway Description 03 - Two-way, divided, unprotected			
Applicable	(painted >4 feet) median			
Manner of Collision 04 - Sideswipe,	Link Condition 02 Dad Bake I and			
same direction	Light Condition 03 - Dark - lighted roadway			
School Bus Related? 00 - No	Weather Conditions (up to two) 05 - Snow			

D O	Damaged Object (Property Other Than Vehicl	es)	Estimate of Damage
A B	Owner's Full Name - Last	First Name	Middle Name
M J	Address	Address (Line 2)	
A E			
G C	City	Chaha	7:
ET	City	State	Zip
D			

I	P	Unit #	Last Name	First Name		Middle Name			
N	E	Address		Address (Line 2)					
J	R	City	State	Zip	Date of Birth	Sex			
U	S	Injury Status		Ejection					
R	O	Seating Position		Safety	Safety Equipment				
E	N	Air Bag Deployed		Sourc	Source of Transport				
D		Transported to			EMS Trip #				



NARRATIVE

UNIT 1 WAS TRAVELING EASTBOUND ON I 90 NEAR MILE MARKER 399 WHEN IT COLLIDED WITH THE REAR END OF UNIT 2 ON I 90. UNIT 2 CONTINUED INTO THE MEDIAN AND CAME TO A REST.

W	Last Name	First Name		Middle Name			
I	Address						
T	Address (Line 2)						
N							
E	C:	Ctoto	Zin	Phone #			
S	City	State	Zip	rnone #			
S							

Date Notified 02/01/2019	Time Notified 18:55 Hrs	Date Arrived 02/01/ 2019	Time Arrived 18:55 Hrs.
Agency Type 01 - Highway patrol	Investigation Made at Scene? 01 - Yes	Photos Taken? N	Date Approved 02/ 05/2019
Approval Officer	Last Name WOSJE	First Name MATT	Middle Name